

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>WJ</i>	<i>110591</i>	<i>6/3</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>11/2/75</i>
NORMALITY REVIEW	<i>Qu</i>	<i>64930</i>	<i>9-77</i>

BEST AVAILABLE COPY

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BACK

COPY ENT

CP-6 BACK

APPLICATI

GROUP AR

APPLICATION

COPY CENTER R

Copies made Name

No copies required

PAGE COUNTING

NO \_\_\_\_\_ Com

YES \_\_\_\_\_

INDEXED:

Q.C.:

SCANNED:

ASSEMBLED:

DISPATCHED:

IMAGE MARKER

BOXED:

Notes:

Claim	Date
Final	
Original	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
Final	
Original	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
Final	
Original	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

If more than 150 claims or 10 actions  
staple additional sheet here